

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 20, 2012
ATTENTION: Medical Board of California
SUBJECT: American Health and Safety Institute – Petition for
Regulatory Amendment of California Code of
Regulations Section 1379.50
STAFF CONTACT: Curtis J. Worden, Chief of Licensing

REQUESTED ACTION:

Direct staff on how to proceed with the American Health and Safety Institute's petition for regulatory amendment of California Code of Regulations (CCR), Title 16, Chapter 4.3, section 1327.50(a)(3), section 1327.50(b)(4), and section 1327.50(c)(1).

BACKGROUND:

This memo provides the Medical Board of California (Board) members with information regarding the petition for regulatory amendment submitted by the American Health and Safety Institute (AHSI). AHSI has petitioned the Board to amend its recently adopted polysomnography regulations to allow a Basic Life Support (BLS) certification issued by AHSI to satisfy the registration requirements of the registered polysomnographic technologists, technicians, and trainees.

Currently, the regulations require that a BLS certificate issued by the American Heart Association is necessary to satisfy the registration requirements in subdivisions (a)(1), (b)(4), and (c)(1) of section 1379.50 of the CCR for polysomnographic technologists, technicians, and trainees. When the regulation was first promulgated, other organizations conducting certification in BLS were not readily known. As stated above, this proposed change would mean that a BLS certificate issued by AHSI would satisfy the Board's registration criteria.

A review by the Board indicates that the certification criteria used by AHSI are sufficiently robust and there would be no appreciable loss of consumer protection with this change.

OPTIONS:

Pursuant to section 11340.7 of the Government Code, the Board may grant or deny the request in whole or in part or may grant other relief. If the petition is granted, the Board would commence the rulemaking process. Please note that the proposed change would not take effect until the rulemaking process is completed.

If the Board decides to proceed with AHSI's petition to amend section 1327.50 subdivisions (a)(1), (b)(4), and (c)(1), the proposed language would look like this:

1379.50(a)(1) "Possess at the time of application a current certificate in Basic Life Support issued by the American Heart Association or the American Health and Safety Institute."

1379.50(b)(4) "Possess at the time of application a current certificate in Basic Life Support issued by the American Heart Association or the American Health and Safety Institute."

1379.50(c)(1) "Polysomnographic Technologist. An applicant for registration as a polysomnographic technologist shall meet the requirements set forth in Sections 3575 and 3576 of the Code and shall possess at the time of application a current certificate in Basic Life Support issued by the American Heart Association or the American Health and Safety Institute."

STAFF RECOMMENDATION:

Grant the petition and set the matter for public hearing. As the matter relates to the amendment of existing regulations, specifying that a current certificate in BLS, issued by the AHSI or the American Heart Association, satisfies the registration requirements of the registered polysomnographic technologists, technicians, and trainees.



MEDICAL BOARD OF CALIFORNIA
Executive Office



May 22, 2012

Ralph M. Shenefelt
Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

Dear Mr. Shenefelt:

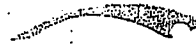
The Medical Board of California (Board) is in receipt of your petition to amend 16 CCR §1379.50, subsections (a)(3), (b)(4), & (c)(1) to allow a current certificate in Basic Life Support ("BLS") issued by the American Health and Safety Institute (ASHI) to satisfy the registration requirements of polysomnographic technologists, technicians, and trainees.

In accordance with the provisions of section 11340.7 of the Government Code, your petition has been placed on the agenda for deliberation at the Board's upcoming meeting on July 20, 2012.

Please contact me if you have any questions.

Sincerely,

Christine Valine
Regulations Coordinator



/IA CERTIFIED MAIL AND EMAIL

May 4th, 2012

Linda Whitney
Executive Director
Medical Board of California
2005 Evergreen Street,
Suite 1200
Sacramento, CA 95815

RE: Petition to Amend Chapter 4.3. Polysomnography

Dear Ms. Whitney:

The purpose of this letter is to request that, pursuant to Government Code Sections 11340.6 and 11340.7, the California Medical Board ("Board") amend 16 CCR § 1379.50, (a) (3), (b) (4), & (c) (1) to allow a current certificate in Basic Life Support ("BLS") issued by the American Health and Safety Institute (ASHI) to satisfy the registration requirements of polysomnographic technologists, technicians, or trainees.

Regulations

1. § 1379.50 (a) (3) Possess at the time of application a current certificate in Basic Life Support issued by the American Heart Association; (b) (4) Possess at the time of application a current certificate in Basic Life Support issued by the American Heart Association; (4) (c) (1) ...and shall possess at the time of application a current certificate in Basic Life Support issued by the American Heart Association.

Reason

1. *The regulations restrain competition and violate principles of fairness by excluding qualified entities other than the American Heart Association®, Inc. ("AHA"), including ASHI.*
 - a. The ASHI BLS program is recognized by the American Academy of Sleep Medicine, a specialty Board approved by the Medical Board of California (EXHIBIT A)
 - b. Like the AHA, HSI is a nationally accredited organization of the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) ((EXHIBIT B)). CECBEMS is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers. CECBEMS accreditation requires an evidence-based peer-review process for continuing education programs comparable to all healthcare accreditors. The ASHI BLS program is CECBEMS approved.

- c. The ASHI BLS program has been found equivalent to the AHA and has been accepted as meeting the training, continuing education, and licensing requirements of EMTs and paramedics in California since 1999 (EXHIBIT C).
2. *The regulations have an adverse economic impact on small business*
 - a. There are currently 541 ASHI Training Centers in the State of California, many of which are small or micro businesses employing or independently contracting with nearly 1400 ASHI authorized Instructors.
 - b. Granting an exclusive market for BLS training to the AHA is an impediment to these training businesses and discourages the expansion of existing or new ASHI Training Centers in California.
3. *The regulations have an adverse impact on registrants who present valid ASHI BLS certification*
 - a. By direct penalties including denial, suspension, or revocation of registration, or by indirect penalties such as the time and cost of superfluous AHA BLS training and certification; and
 - b. By unjustly denying a choice in BLS training program price, selection, and service.

Board Authority to Take Requested Action

1. Sections 2018 and 3575, Business and Professions Code.

Additional Facts

1. The AHA is not a recognized accrediting organization (EXHIBIT D).
2. The AHA is not a recognized regulatory standards developing organization (EXHIBIT E).
3. The AHA has previously established that it does not review or sanction the CPR training programs or materials of other organizations. It directs such approval to appropriate regulatory authorities (EXHIBIT F).
4. As a profit-making, non-tax paying entity, and the dominant competitor in the resuscitation training business, the AHA, its approved training centers, and affiliated instructors have a vested economic interest in BLS training, particularly where required for occupational licensing.
5. Though corporate structures differ (HSI is a tax-paying corporation), the profit-making business units of HSI and the AHA are similar (EXHIBIT G).
 - a. Each organization develops and markets commercially available, proprietary training programs, products, and services to Training Centers, either directly or via distributors.
 - b. The business structures of Training Centers include; sole proprietorships, partnerships, corporations, LLCs, and non-profits.
 - c. Instructors affiliated with Training Centers are authorized to certify course participants. Certification of health care providers requires successful completion of a written exam and performance and evaluation of hands-on skills to verify provider skill competency.
6. The Health and Safety Institute (HSI) is a large privately held emergency care and response training organization, joining together the training programs of the American Safety and Health Institute (ASHI), MEDIC First Aid, 24-7 EMS, 24-7 Fire, First Safety Institute, GotoAID, and EMP Canada.
7. An ASHI representative participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the AHA.
8. An ASHI representative was a volunteer member of the AHA and American Red Cross *2005 National and 2010 International First Aid Science Advisory Board* and were contributors to the *2005 and 2010 Consensus on First Aid Science and Treatment Recommendations* (EXHIBIT H).
9. ASHI resuscitation training programs conform to the ILCOR 2010 Consensus on Science and the 2010 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science.

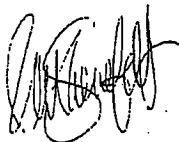
10. HSI is a member of the American National Standards Institute (ANSI) and ASTM International (ASTM) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.
11. HSI is a member of the Council on Licensure, Enforcement and Regulation (CLEAR), the premiere international resource for professional regulation stakeholders.
12. On whole, ASHI training programs are currently endorsed, accepted, approved, or meet the requirements of more than 1400 state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils.

Conclusions

The facts presented demonstrate the ASHI BLS training programs are equivalent to the commercial training products offered by the AHA in California. Consequently, we request that the Board amend its regulations to allow a current certificate in BLS issued by ASHI to satisfy the registration requirements of polysomnographic technologists, technicians, or trainees.

We value, believe in, and promote successful completion of a legitimate BLS course as an important component in protecting patient safety and health. We value, believe in, and promote free and fair competition that does not adversely affect health and safety. We look forward to helping the Board protect the health and safety of the citizens of California.

Respectfully,



Digitally signed by Ralph Shenefelt
DN: cn=Ralph Shenefelt, o=HSI, ou,
email=rshenefelt@hsi.com, c=US
Date: 2012.05.04 14:24:42 -04'00'

Ralph M. Shenefelt
Vice President, Strategic Compliance
Health and Safety Institute

Cc:

Gregory R. Ciottone, MD, FACEP, Medical Director, Health and Safety Institute

Bill Clendenen, MBA, Chief Executive Officer, Health and Safety Institute

Jeff Jackson, MBA, Chief Financial Officer, SVP Product Development, Health and Safety Institute

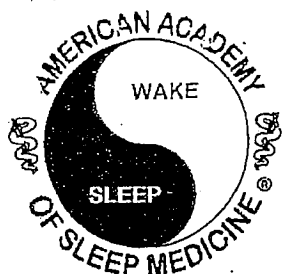
Jeff Lindsey, PhD, Chief Learning Officer, Health and Safety Institute

Joe Rose, JD, Rose Law

Enclosures: Exhibits A-H

AUG 11 2011

American Academy of Sleep Medicine



August 9, 2011

Ralph M. Shenefelt
Vice President, Strategic Compliance
Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

Dear Mr. Shenefelt:

As the leader in setting standards and promoting excellence in sleep medicine health care, education and research, the American Academy of Sleep Medicine (AASM) represents more than 9,000 clinicians, scientists, dentists, nurses and allied health-care professionals, as well as more than 2,200 AASM-accredited sleep disorders centers.

At its recent meeting, the AASM Board of Directors discussed in detail the proposal from the Health & Safety Institute (HSI) that the AASM provide waiver or variance, or amend Standard B-11, AASM Standards for Accreditation of Sleep Disorders Centers, to permit the use of the HSI cardiopulmonary resuscitation (CPR) programs.

After a thorough review of supporting documentation, the Board of Directors approved the change in the language of Standard B-11. The specific references to the American Heart Association (AHA) and American Red Cross (ARC) certification programs will be removed from the requirement for valid certification.

This change recognizes the legitimacy of HSI's claim that its CPR programs are sound and equivalent to those offered by the AHA and ARC. The revised Standard B-11 allows medical directors of AASM-accredited sleep disorders centers to select a local CPR certification program that is most appropriate for their staff.

If you have any questions about this decision, please contact AASM Executive Director Jerry Barrett at 630-737-9700 or jbarrett@aasmnet.org.

On behalf of the Board of Directors, I thank the HSI for contacting the AASM with this request and for promoting excellence in emergency care and response training.

Sincerely,

Nancy Collop, MD
President

cc: Jerome A. Barrett - AASM Executive Director
Sam Fleishman, MD - Chair, Accreditation Review Process Task Force
Demaree Dufour-Noneman - Director of Policy & Professional Standards

OFFICERS

Nancy Collop, MD
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President-Elect

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Past President

Timothy Morgenthaler, MD
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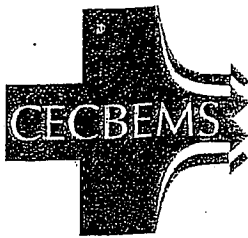
Ilene Rosen, MD

Steven Shea, PhD

Nathaniel Watson, MD, MS

Merrill Wise, MD

Jerome A. Bairrell
Executive Director



NOV 18 2010

12200 Ford Road
Suite 478
Dallas, Texas 75234
Phone 972.247.4442
Fax 214.432.0545
cecbems@cecbems.org

American College of
Emergency Physicians

American College of
Osteopathic Emergency
Physicians

National Association of
Emergency Medical
Technicians

National Association of
EMS Educators

National Association of
EMS Physicians

National Association of
State EMS Officials

National Registry of
Emergency Medical
Technicians

November 10, 2010

Nicole Printup
Health & Safety Institute/24-7EMS
1450 Westec Drive
Eugene, OR 97402

Email: nprintup@hsi.com

Dear Nicole;

CECBEMS is pleased to inform you that the Health & Safety Institute has been awarded approval as a CECBEMS accredited organization through February 2014. The provider number is P247E1100. Use this number to identify your organization on course completion reports, on course completion certificates and other correspondence with CECBEMS headquarters.


- For assigning numbers to the activities accredited by the Health & Safety Institute, use the following format:
- Year the activity received its initial accreditation or its last comprehensive review (2 digits)
- Alpha abbreviation for organization (247E)
- Course format (R indicates a live, one-time event activity; F2, a live, multiple event activity; F3, distributed learning activity)
- A four digit number for your internal tracking purposes

For example, the number for an activity initially approved or receiving a comprehensive review in 2010 and that is a distributed learning (activity-code F3), would be 10-247E-F3-0001. You must review and update each course at least every three years. When that review is complete, the course must be re-entered into the CECBEMS database with the new activity number which would begin with the first two digits reflecting the most recent year in which the course was reviewed. When you log into the *Providers Only* area, you will find a downloadable *Provider Manual Supplement* in the Course Management Tools box at the bottom of the screen. This Supplement gives complete instructions for entering courses in the CECBEMS Accreditation Management System.

Please check at www.cecbems.org for the most recent *Standards and Requirements for Organizational Accreditation* and <http://cecbems.org/faqAnswers.aspx?RecID=56> for a downloadable version of the Accreditation Management System manual. Let me know if you have questions about these documents. You should also download the CECBEMS Distributed Learning Policy Statement, CECBEMS Item Writing Policy, and the CEH Hour Assignment Guidance, at <http://cecbems.org/applications/Default.aspx>.

We are proud to have the Health & Safety Institute as a CECBEMS-accredited organization. We welcome your comments and suggestions for making our processes work better and for making EMS continuing education a positive force in improving patient care and in developing EMS as a profession.

Sincerely,


Elizabeth Sibley/BR
Executive Director

Continuing Education Coordinating Board for Emergency Medical Services

EMERGENCY MEDICAL SERVICES AUTHORITY

70 9TH STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



August 19, 1999

Gregg A. Rich and Tim Eiman
The American Safety & Health Institute
8324 Corporate Way
New Port Richey, FL 34653

Dear Mr. Rich and Mr. Eiman:

Thank you for submitting your child care training program for re-approval by the Emergency Medical Services Authority as required by Title 22, Division 9, Section 1.1 of the California Code of Regulations.

After a comprehensive review of the material, we find that it continues to meet the requirements set forth in law and regulation and approved by the California Emergency Medical Services.

Enclosed with this approval letter is a Certificate of Approval, which includes the date on which your training program approval will expire.

We will advise, by copy of this letter, the State's approved programs list, the Department of Social Services, Community Care Licensing Division and the Child Care Health Project of the approval of this program.

Thank you for submitting your course for re-approval and for offering this much needed training to California's medical care providers.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard E. Watson'.

Richard E. Watson
Interim Director

cc: Lynn Anderson
Department of Social Services
Community Care Licensing Division

Marsha Sherman
Child Care Health Project

Enclosure
DRS:LC:ss

EMERGENCY MEDICAL SERVICES AUTHORITY

930 9TH STREET
SACRAMENTO, CA 95814-7043
(916) 322-4335 FAX: (916) 324-2875



October 19, 2001

Timothy Eiman
Program Director
American Safety & Health Institute
8324 Corporate Way, Suite A
New Port Richey, FL 34653

Dear Mr. Eiman:

Thank you for your letter advising the California EMS Authority of the rollout of the American Safety and Health Institute/Mosby AHA program. In California, we do accept equivalency courses for ACLS, PALS, and others. In addition, courses approved by the Continuing Education Coordinator for the California Emergency Medical Services, courses approved by other state EMS offices, and courses approved by the National Registry of Emergency Medical Technicians are accepted in California for continuing education for prehospital providers.

Again, thank you for the information regarding your program.

Sincerely,

A handwritten signature in cursive script that reads 'Nancy J. Steiner'.

Nancy J. Steiner
Paramedic Program Manager

cc: Local EMS Agency Administrators
Paramedic Training Program Directors

c:\word\training program\ASHI - ACLS Pgm.

EMS



San Joaquin

Emergency Medical Services Agency

A Division of Health Care Services

July 10, 2000

Mr. Timothy Eiman
Program Director
American Safety and Health Institute
8324 Corporate Way, Suite A
New Port Richey, FL 34653

Dear Tim:

Thank you for your interest in providing EMS programs in San Joaquin County. We are pleased to notify you that your request for approval of the ASHA CPR Pro Program has been approved. We appreciate your interest in our agency and look forward to working with your organization. If you have any questions, please contact the Agency at the number listed below. Good luck with your program.

Sincerely,

Michael Volkov
EMS Field Coordinator

cc: Dr. Richard N. Buys, MD, EMS Medical Director
Darrell Cramphorn, EMS Administrator



County of San Diego

RODGER G. LUM, Ph.D.
AGENCY DIRECTOR

GAIL F. COOPER
PUBLIC HEALTH ADMINISTRATOR

NANCY L. BOWEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER (Acting)

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 515-6583 . FAX (619) 515-6707

EMERGENCY MEDICAL SERVICES
6255 Mission Gorge Road
San Diego, CA 92120-3599
(619) 285-6429 Fax: (619) 285-6531

Children, Youth & Family Health Services
Disease Control/Epidemiology
Disease Prevention/Health Promotion
Emergency Medical Services
HIV/AIDS Services
Medical Quality Assurance
Public Health Laboratory
PH Nursing/Border Health
TB & STD Control
Vital Records

January 6, 2003

Eric Reale
Regulatory Affairs
American Safety & Health Institute
4148 Louis Avenue
Holiday, FL 34691


Dear Mr. Reale:

Congratulations! After review of the Emergency Responder and First Responder outlines, the County of San Diego Division of Emergency Medical Services has approved the use of American Safety & Health Institute (ASHI) EMS programs for use in San Diego County.

As per Title 22 of the California Code of Regulations, Division 9, Chapter 1.5, Article 4, 100027 (c), a copy of the final examination is requested.

Thank you for your interest in San Diego County. I look forward to working with you and with the rest of the ASHI correspondents in the future.

Please feel free to contact me at any time for any questions or concerns, or any other issues dealing with San Diego County EMS. I can be reached by phone at (619) 285-6429 or via Email at steven.leapley@sdcounty.ca.gov.


STEVEN LEAPLEY
EMS Specialist

SL



COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY

5555 Ferguson Drive, Suite 220
Commerce, CA 90022
(323) 890-7500

Carol Gunter
ACTING DIRECTOR

William J. Koenig, M.D., FACEP
MEDICAL DIRECTOR

February 24, 2004

Mr. Eric Reale, Regulatory Affairs Representative
American Safety & Health Institute
4148 Louis Avenue
Holiday, FL 34691

Dear Mr. Reale:

This letter is in response to your request. The Los Angeles County EMS agency recognizes ASHI programs for healthcare training in the hospital and workplace. Since California accepts equivalent courses for ACLS, PALS and BLS, these cards as being equivalent to the American Heart Association and Red Cross.

Continuing education credit for these courses through Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) will be applied to the mandatory continuing education hours required for certification.

Yours very truly,

William J. Koenig, MD., FACEP
EMS Medical Director



Mountain-Valley

Emergency Medical Services Agency

February 13, 2004

Eric Reale
American Safety and Health Institute
Regulatory Affairs Representative
4148 Louis Avenue
Holiday, FL 34691

RE: Acceptance of Training

Dear Mr. Reale:

Please let this letter serve as verification that the Mountain-Valley EMS Agency accepts the following in regard to CPR certification:

A CPR program, which includes a written exam, that is taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Provider or equivalent level.

The Mountain-Valley EMS Agency is located in California and serves as the local EMS Agency for the counties of Alpine, Amador, Calaveras, Mariposa, and Stanislaus.

Sincerely

Marilyn Smith

Marilyn Smith
Staffing and Training Coordinator



NORTHERN CALIFORNIA EMS, INC.

43 Hilltop Drive, Redding, California 96003-2807
Phone (530) 229-3979 Fax (530) 229-3984

29 July 03

Ralph M. Shenefelt
Executive Director
American Safety & Health Institute
4148 Louis Avenue
Holiday, FL 34691 USA

Dear Mr. Shenefelt:

After reviewing the program information you sent, it's apparent that your CPR and ACLS courses follow the guidelines established by the American Heart Association. Accordingly, we will accept ASHI provider card courses for EMT certification and paramedic accreditation.

If any questions should arise, please feel free to call for Ron Grider, our Training Director.

Sincerely,

Chester Ward, MD
Medical Director

CW:rg:psl



PUBLIC HEALTH DEPARTMENT

Emergency Medical Services Agency
645 South Bascom Avenue, San Jose, California 95128
Tel (408) 885-4250
Fax (408) 885-4264



August 14, 2000

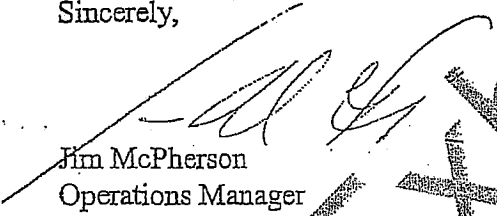
Timothy Eiman
Program Director
American Safety and Health Institute
8324 Corporate Way, Suite A
New Port Richey, FL 34653

Dear Mr. Eiman:

Thank you for forwarding a copy of the course approval by the San Joaquin EMS Agency. In that your CPR courses have been approved as meeting the CP1 requirements for prehospital personnel certification by another California local EMS agency, we will likewise accept that training as meeting our requirements. Our literature and other materials will be revised accordingly.

Should you have any questions or concerns, please do not hesitate to call.

Sincerely,


Jim McPherson
Operations Manager

JM:jm

K:\Staff\Jim\american safety.cpr2.wpd



PUBLIC HEALTH DEPARTMENT

Emergency Medical Services Agency
645 South Bascom Avenue, San Jose, California 95128
Tel (408) 885-4250
Fax (408) 885-4264



August 9, 2005

Sgt. Steve Papenfafts
Training Officer
San Jose Police Department
1302 N. Fourth Street
San Jose, CA 95112

RE: ASHI CPR, First Aid and AED Training Program

Dear Steve:

I have reviewed the training materials from the American Safety and Health Institute entitled *CPR-Pro, CPR and AED* and find that the curriculum meets or exceeds CCR Title 2, Chapter 1.5 First Aid Standards for Public Safety Personnel. It is, therefore, approved for your use in training your

If you have any questions or if you need more information, please give me a call anytime. I can be reached at 408-885-4250.

Sincerely,

David Ghilarducci
David Ghilarducci M.D.
Medical Director



COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY

5555 Ferguson Drive, Suite 220
Commerce, CA 90022
(323) 890-7500

Carol Gunter
ACTING DIRECTOR

William J. Koenig, M.D., FACEP
MEDICAL DIRECTOR

February 24, 2004

Mr. Eric Reale, Regulatory Affairs Representative
American Safety & Health Institute
4148 Louis Avenue
Holiday, FL 34691

Dear Mr. Reale:

This letter is in response to your request. The Los Angeles County EMS agency recognizes ASHI programs for healthcare training in the home and workplace. Since California accepts equivalent courses for ACLS, PALS and BLS, we accept these cards as being equivalent to the American Heart Association and Red Cross.

Continuing education credit for these courses through Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) will be applied to the mandatory continuing education hours required for certification.

Yours very truly,

William J. Koenig, MD., FACEP
EMS Medical Director



COUNTY OF ORANGE HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT EMERGENCY MEDICAL SERVICES

DAVID L. RILEY
DIRECTOR

RONALD B. NORBY
DEPUTY AGENCY DIRECTOR
MEDICAL SERVICES

HOLLY A. VEALE
CHIEF, MEDICAL SERVICES OPERATIONS

TERRE DUENSING
DIVISION MANAGER
HEALTH DISASTER MANAGEMENT

TAMMI McCONNELL, MSN, RN
EMS PROGRAM MANAGER

405 W FIFTH STREET, SUITE 301
SANTA ANA, CALIFORNIA 92701

TELEPHONE: 714-834-3500
FAX: 714-834-3125

October 26, 2011

Kristal Langner
Regulatory Approval Specialist
Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

Re: *CPR Pro for the Professional Rescuer*

Dear Ms. Langner:

You had contacted our office last month seeking our approval to offer the above named training in Orange County (California). You stated that your instructors had expressed interest in using the American Safety & Health Institute (ASHI) *CPR Pro for the Professional Rescuer* to train EMTs for their BLS certification. Succeeding, you wished to verify that this training would be acceptable in our county for providers.

CPR training is a prerequisite for training for EMT or paramedic training. State regulations require that said training be 'equivalent' to the AHA guidelines for cardiopulmonary resuscitation and cardiovascular care at the healthcare provider level. Training programs have the authority to determine if non-AHA CPR training meets their admission requirements; EMS does not dictate nor will our agency interfere with a training program's subject.

The Continuing Education Coordinating Board for Emergency Medical Services (aka CECBEMS) recognizes your institution as a continuing education (CE) provider. As long as the above referenced course has CECBEMS approval, CE units offered for training classes can be applied towards EMT or paramedic licensure renewal in the State of California. Local EMS agency (LEMSA) approval is not required for CECBEMS approved classes or courses.

Thank you for your interest in providing initial and continuing educational and training opportunities in Orange County. If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Jane Elder RN
Advanced Life Support Coordinator
jelder@ochca.com

JE:ksh #1375

RIVERSIDE COUNTY



COMMUNITY HEALTH AGENCY • DEPARTMENT OF PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES AGENCY

14 December 2010

Ralph M. Shenefelt
Vice President, Regulatory and QA
Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

Mr. Shenefelt:

After an extensive review (on my part) and much patience (on your part), I am pleased to inform you that the Riverside County EMS Agency will accept ASHI (American Society of Health Care Life Support) BLS/CPR courses as meeting our requirements for certification/recertification for EMTs and accreditation/reverification for paramedics (EMT-Ps).

I was most impressed at the speed with which you agreed to post updates regarding the new American Heart Association (AHA) 2010 curriculum. The depth and format of those preliminary presentations. There is no reason for us to NOT to teaching the most up to date material in line with the AHA.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Karen Petrilla'.

Karen Petrilla, RN
EMS Specialist – Certification and Training

Recognized Accrediting Organizations

(as of January 2012)

This chart lists regional, national faith-related, national career-related and programmatic accreditors that are or have been recognized by the Council for Higher Education Accreditation (CHEA) or the U.S. Department of Education (USDE) or both. Organizations identified by (•) are recognized; (–) indicates those not currently recognized. An asterisk () identifies accrediting organizations that were formerly recognized.*

CHEA-recognized organizations must meet CHEA eligibility standards (www.chea.org/recognition/recognition.asp). Accreditors exercise independent judgment about whether to seek CHEA recognition. For USDE recognition, accreditation from the organization is used by an institution or program to establish eligibility to participate in federal student aid or other federal programs (www.ed.gov/about/offices/list/ope/index.html). Some accreditors cannot be considered for USDE recognition because they do not provide access to federal funds. Other accreditors have chosen not to pursue USDE recognition.

Because CHEA affiliation and USDE recognition depend on a range of factors, readers are strongly cautioned against making judgments about the quality of an accrediting organization and its institutions and programs based solely on CHEA or USDE status. Additional inquiry is essential. If you have questions about the CHEA or USDE recognition status of an accreditor, please contact the accrediting organization.

This chart is updated when the CHEA Board of Directors recognizes or withdraws recognition of an accrediting organization and when the United States Secretary of Education recognizes or withdraws recognition of an accrediting organization. Please visit the CHEA website at: www.chea.org

ACCREDITOR	CHEA Recognized Organization	USDE Recognized Organization
REGIONAL ACCREDITING ORGANIZATIONS		
Middle States Association of Colleges and Schools Middle States Commission on Higher Education	•	•
New England Association of Schools and Colleges Commission on Institutions of Higher Education	•	•
New England Association of Schools and Colleges Commission on Technical and Career Institutions	*	•
North Central Association of Colleges and Schools The Higher Learning Commission	•	•
Northwest Commission on Colleges and Universities	*	•
Southern Association of Colleges and Schools Commission on Colleges	•	•
Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges	•	•
Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities	•	•
NATIONAL FAITH-RELATED ACCREDITING ORGANIZATIONS		
Association for Biblical Higher Education Commission on Accreditation	•	•
Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission	•	•
Commission on Accrediting of the Association of Theological Schools in the United States and Canada	•	•
Transnational Association of Christian Colleges and Schools Accreditation Commission	•	•
NATIONAL CAREER-RELATED ACCREDITING ORGANIZATIONS		
Accrediting Bureau of Health Education Schools	–	•
Accrediting Commission of Career Schools and Colleges	–	•
Accrediting Council for Continuing Education and Training	•	•
Accrediting Council for Independent Colleges and Schools	•	•
Council on Occupational Education	–	•
Distance Education and Training Council Accrediting Commission	•	•
National Accrediting Commission of Career Arts and Sciences, Inc.	–	•

Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognized Organization	USDE Recognized Organization
PROGRAMMATIC ACCREDITING ORGANIZATIONS		
AACSB International—The Association to Advance Collegiate Schools of Business	•	*
ABET, Inc.	•	*
Accreditation Commission for Acupuncture and Oriental Medicine	—	•
Accreditation Council for Business Schools and Programs	•	*
Accreditation Council for Midwifery Education	—	•
Accreditation Council for Pharmacy Education	•	•
Accreditation Review Commission on Education for the Physician Assistant, Inc.	•	—
Accrediting Council on Education in Journalism and Mass Communications	•	*
American Academy for Liberal Education	—	*
American Association for Marriage and Family Therapy Commission on Accreditation for Marriage and Family Therapy Education	•	•
American Association of Family and Consumer Sciences Council for Accreditation	•	—
American Bar Association Council of the Section of Legal Education and Admissions to the Bar	—	•
American Board of Funeral Service Education Committee on Accreditation	•	•
American Council for Construction Education	•	*
American Culinary Federation's Education Foundation, Inc. Accrediting Commission	•	*
American Dental Association Commission on Dental Accreditation	—	•
American Dietetic Association Commission on Accreditation for Dietetics Education	*	•
American Library Association Committee on Accreditation	•	*
American Occupational Therapy Association Accreditation Council for Occupational Therapy Education	•	•
American Optometric Association Accreditation Council on Optometric Education	•	•
American Osteopathic Association Commission on Osteopathic College Accreditation	*	•
American Physical Therapy Association Commission on Accreditation in Physical Therapy Education	•	•
American Podiatric Medical Association Council on Podiatric Medical Education	•	•
American Psychological Association Commission on Accreditation	•	•
American Society for Microbiology American College of Microbiology	—	*
American Society of Landscape Architects Landscape Architectural Accreditation Board	•	*
American Speech-Language-Hearing Association Council on Academic Accreditation in Audiology and Speech-Language Pathology	•	•
American Veterinary Medical Association Council on Education	•	•
Association for Clinical Pastoral Education, Inc. Accreditation Commission	•	•
Association of Technology, Management, and Applied Engineering	•	*
Aviation Accreditation Board International	•	—
Commission on Accreditation of Allied Health Education Programs	•	*

Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognized Organization	USDE Recognized Organization
Commission on Accreditation of Healthcare Management Education	•	•
Commission on Collegiate Nursing Education	*	•
Commission on English Language Program Accreditation	—	•
Commission on Massage Therapy Accreditation	—	•
Commission on Opticianry Accreditation	•	*
Council for Accreditation of Counseling and Related Educational Programs	•	—
Council for Interior Design Accreditation	•	*
Council on Accreditation of Nurse Anesthesia Educational Programs	•	•
Council on Chiropractic Education Commission on Accreditation	•	•
Council on Education for Public Health	—	•
Council on Naturopathic Medical Education	—	•
Council on Rehabilitation Education Commission on Standards and Accreditation	•	*
Council on Social Work Education Office of Social Work Accreditation and Educational Excellence	•	*
International Assembly for Collegiate Business Education	•	—
International Fire Service Accreditation Congress Degree Assembly	•	—
Joint Review Committee on Education Programs in Radiologic Technology	•	•
Joint Review Committee on Educational Programs in Nuclear Medicine Technology	•	*
Liaison Committee on Medical Education	—	•
Midwifery Education Accreditation Council	—	•
Montessori Accreditation Council for Teacher Education	—	•
National Accrediting Agency for Clinical Laboratory Sciences	•	*
National Architectural Accrediting Board, Inc.	—	*
National Association of Nurse Practitioners in Women's Health Council on Accreditation	—	•
National Association of Schools of Art and Design Commission on Accreditation	*	•
National Association of Schools of Dance Commission on Accreditation	*	•
National Association of Schools of Music Commission on Accreditation and Commission on Community/Junior College Accreditation	*	•
National Association of Schools of Public Affairs and Administration Commission on Peer Review and Accreditation	•	—
National Association of Schools of Theatre Commission on Accreditation	*	•
National Council for Accreditation of Teacher Education	•	•
National Environmental Health Science and Protection Accreditation Council	•	*
National League for Nursing Accrediting Commission, Inc.	•	•
National Recreation and Park Association Council on Accreditation of Parks, Recreation, Tourism, and Related Professions	•	—
Planning Accreditation Board	•	—

Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognized Organization	USDE Recognized Organization
Society of American Foresters	•	*
Teacher Education Accreditation Council Accreditation Committee	•	•
United States Conference of Catholic Bishops Commission on Certification and Accreditation	—	*

Exhibit D

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Fri Apr 27, 2012

Standards Incorporated by Reference (SIBR) Database Regulatory SIBR (R-SIBR)

Search by Keyword: 'American Heart Association'

Total Record Count: 0

[New Search Link](#) [Printer Friendly](#)

There are no records that meet this search criteria.

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Exhibit 4

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Technology & Customer Strategies
Michael Wilson



American Heart Association
American Stroke Association

Learn and Live.

National Center

7272 Greenville Avenue Dallas, Texas 75231-4596 Tel 214.373.6300
americanheart.org

June 22, 2007

Mr. Bill Clendenen
MEDIC FIRST AID International, Inc.
PO Box 21738
1450 Westec Dr.
Eugene, Oregon 97402

Dear Bill,

Sorry about the delay in responding to your May 15th, 2007 letter to me. It's great to hear that health clubs will require at least one staff member to complete a CPR and defibrillator course. Our policy, however, precludes us from reviewing outside material, as we do not have the resources nor are we in a position to sanction non-AHA material.

My recommendation is that you move forward with this letter to the appropriate regulatory body that states your training courses have been developed to comply with the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.

Please let me know if I can answer any further questions. Thank you.

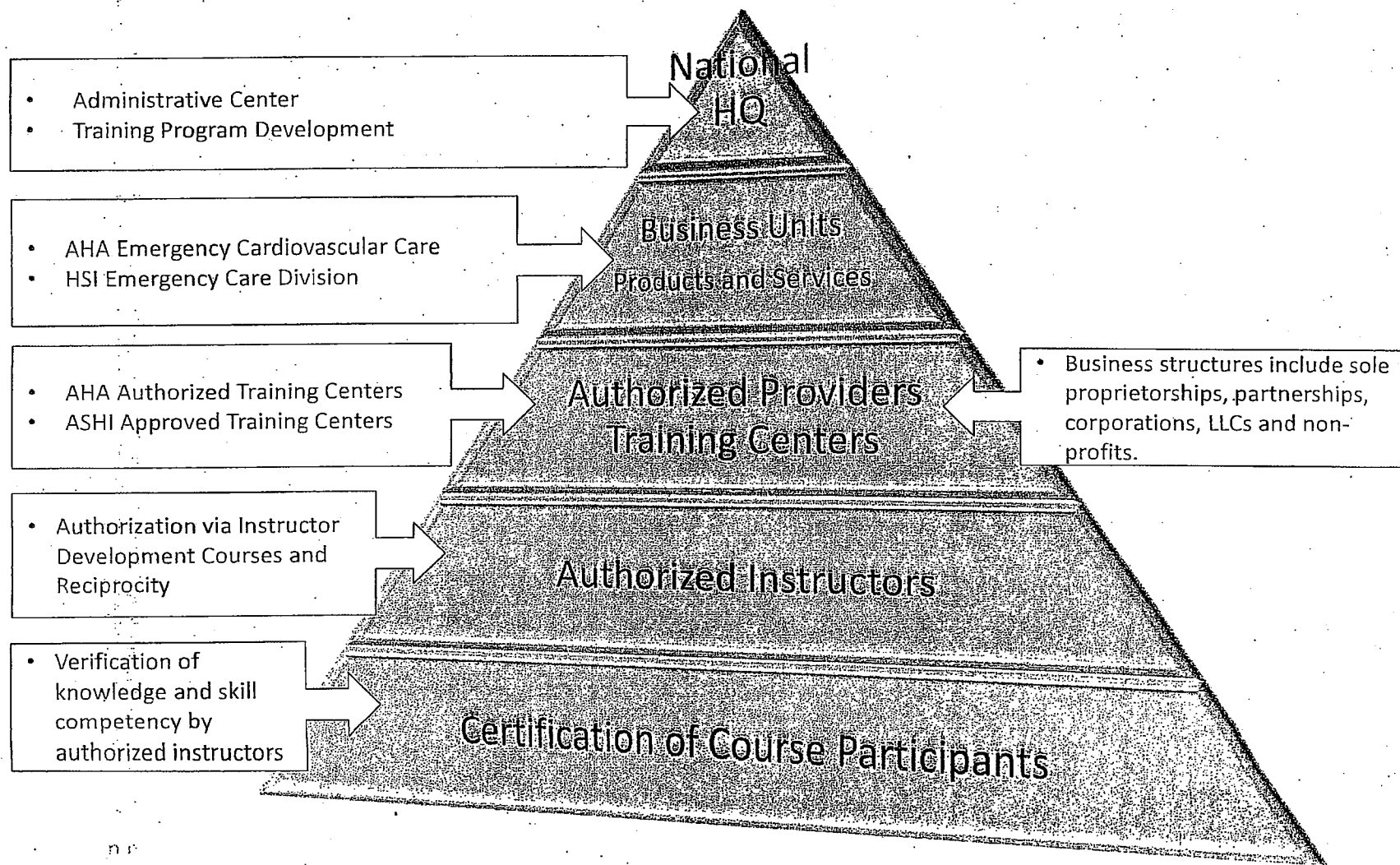
Sincerely,

Michael C. Bell
VP of ECC Operations

MCB/jb

Enclosure

Exhibit G



Organizational Structure

Organizations Represented on the National First Aid Science Advisory Board

Academy of Orthopaedic Surgeons
 American Academy of Pediatrics
 American Association of Poison Control Centers
 American Burn Association
 American College of Emergency Physicians
 American College of Occupational and Environmental Medicine
 American College of Surgeons
 American Heart Association
 Army Medical Command
 The American Pediatric Surgical Association
 American Red Cross
 American Safety and Health Institute
 Australian Resuscitation Council
 Canadian Red Cross
 International Association of Fire Chiefs
 International Association of Fire Fighters
 Medic First Aid International
 Military Training Network
 National Association of EMS Educators
 National Association of EMS Physicians
 National Association of EMTs
 National Safety Council
 Occupational Safety and Health Administration
 Save a Life Foundation

variables prevent extrapolation of the results of any of the reviewed studies to first aid applications.

Treatment Recommendation

There is insufficient evidence to recommend for or against the use of oxygen by the first aid provider.

Assistance With Use of Inhalers

Consensus on Science

Severe asthma and deaths from asthma are increasing,¹ so it is likely that first aid responders will be asked to help victims with respiratory distress caused by asthma. Patients with asthma often use prescribed bronchodilator inhalers, but the reviewers found no studies evaluating the efficacy of first aid providers assisting patients in the use of these inhalers for breathing difficulty. Nonrandomized studies documented the ability of adults to appropriately self-administer bronchodilator medications (LOE 4)²⁻⁴ and the ability of parents to correctly administer metered-dose inhalers to their children (LOE 4).⁵ An important difference in the first aid situation, however, is that the first aid provider may not know the victim, the victim's medical history, or what medications the victim takes. Thus the studies regarding parents constitute LOE 7 (extrapolated) information applied to first aid.

Treatment Recommendation

Because the frequency and mortality from severe asthma is increasing¹ and bronchodilator therapy is safe and can be effective during episodes of severe asthma, the first aid

rescuer should assist with administration of bronchodilator therapy.

Epinephrine Autoinjector^{W199,W252}

Consensus on Science

A severe allergic reaction (anaphylaxis) can cause life-threatening airway edema and obstruction, vasodilation, and cardiovascular collapse. Although administration of epinephrine is a cornerstone of emergency management of severe allergic reactions, the reviewers found no studies of the safety, efficacy, or feasibility of first aid providers assisting with administration of epinephrine autoinjectors. Many adults and children with a history of anaphylaxis carry a prescribed epinephrine autoinjector.

Evidence from one small retrospective study (LOE 7)⁶ reported that parents who administer epinephrine to their children via an autoinjector can do so safely and effectively. Evidence from other studies (LOE 7)⁷⁻⁹ highlighted the need for additional education and retraining of parents and health-care providers in the use of epinephrine autoinjectors.

Treatment Recommendation

Given the widespread use of epinephrine autoinjectors and their documented efficacy in the rapid delivery of epinephrine,¹⁰ first aid providers may be trained to assist in the use of an epinephrine autoinjector for a victim of anaphylaxis when the victim has a prescribed autoinjector and the victim is unable to use it.

Recovery Position^{W146A,W146B,W155,W274}

Consensus on Science

Although the recovery position is widely used in healthcare settings, the reviewers found no studies evaluating the safety, effectiveness, or feasibility of this position in unresponsive, breathing victims in the out-of-hospital setting. All identified studies of specific recovery positions used healthy, responsive adult volunteers (LOE 3-5), so results are at best extrapolated (LOE 7) to unresponsive victims.

Any recovery position used for the patient with known or suspected spinal injury should maintain a patent airway, stabilize the spine, and minimize movement of the victim. Two human prospective cohort studies in healthy adult volunteers (extrapolated from LOE 3)^{11,12} suggest that the modified HAINES position results in more neutral position of the cervical spine than the traditional lateral recovery position. HAINES is an acronym for High Arm IN Endangered Spine: the rescuer extends the victim's arm above the head and rolls the victim to the side, onto that arm, and then bends the victim's knees. The subjects in these studies were responsive (with presumably normal muscle tone), however, and had no head, neck, or cervical spine injury. In addition, the study of the HAINES position did not include study of the movement of patients to that position.

The recovery position was also reviewed by the Basic Life Support Task Force. For additional information see Part 2: "Adult Basic Life Support" and the associated worksheets.^{W146A,W146B,W155}

Treatment Recommendation

The use of the recovery position with the victim lying on his or her side with the dependent hand placed in front of the



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July 8, 2011

Marcie Ellen Berman
Broad & Gusman, LLP
1127 11th Street, Suite 501
Sacramento, CA 95814

RE: Petition to Repeal Section 1349

Dear Ms. Berman:

The Medical Board of California (Board) is in receipt of your petition requesting that the Board repeal section 1349 of title 16 of the California Code of Regulations. This section relates to physician-podiatrist partnerships and fee sharing.

In accordance with the provisions of section 11340.7 of the Government Code, your petition has been placed on the agenda for deliberation at the Board's upcoming meeting on July 29, 2011.

Please contact me if you have any questions.

Sincerely,

DOREATHEA JOHNSON
Deputy Director, Legal Affairs

By KURT HEPPLER
Senior Staff Counsel

cc: Linda Whitney, Executive Director, Medical Board of California

Table. International First Aid Science Advisory Board Member Organizations

American Academy of Pediatrics
American Burn Association
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Surgeons
American Heart Association
American Pediatric Surgical Association
American Red Cross
American Red Cross Advisory Council on First Aid, Aquatics, Safety and Preparedness (ACFASP)
American Safety & Health Institute (ASHI)
Austrian Red Cross
Canadian Red Cross
Divers Alert Network
European Reference Center on First Aid Education
Egyptian Red Crescent
French Red Cross
Grenada Red Cross
Hong Kong Red Cross
Hungarian Red Cross
International Federation of Red Cross and Red Crescent Societies
Medic First Aid International
National Association of EMS Educators
National Association of EMS Physicians
National Athletic Trainers' Association
National Safety Council
Norwegian Red Cross
Occupational Safety and Health Administration
Red Cross Society of China
Resuscitation Council of Asia
St. John Ambulance, UK

Previous reports⁵⁻⁸ have noted the paucity of scientific evidence supporting many interventions in prehospital emergency care. In reviewing the medical literature, members of the International First Aid Science Advisory Board once again found a paucity of evidence to guide first aid interventions. Very little research is being conducted in first aid, and many of the following recommendations are extrapolated from the experience of healthcare professionals. It is important to recognize the limitations of the evidence that supports many of these guidelines so that research can be undertaken and future guidelines can be based on a larger body of scientific evidence.

Definition of First Aid

We define first aid as the assessments and interventions that can be performed by a bystander (or by the victim) with minimal or no medical equipment. A first aid provider is defined as someone with formal training in first aid, emergency care, or medicine who provides first aid. First aid assessments and interventions should be medically

sound and based on scientific evidence or, in the absence of such evidence, on expert consensus. Administration of first aid must not delay activation of the emergency medical services (EMS) system or other medical assistance when required. We strongly believe that education in first aid should be universal; everyone can learn first aid and everyone should.

The scope of first aid is not purely scientific; it is influenced by both training and regulatory issues. The definition of scope is therefore variable, and should be defined according to circumstances, need, and regulatory requirements.

Calling for Help

A first aid provider must be able to recognize when help is needed and how to get it. First aid providers should learn how and when to access the EMS system, how to activate the on-site emergency response plan (ERP), and how to contact the Poison Control Center (see "Poison Emergencies" below).

Positioning the Victim

As a general rule a victim should not be moved, especially if you suspect from the victim's position or the nature of the injury that the victim may have a spinal injury (see "Spine Stabilization" below). There are times, however, when the victim should be moved:

If the area is unsafe for the rescuer or the victim, move the victim to a safe location if it is safe to do so.

- If the victim is face down and is unresponsive, turn the victim face up.
- If the victim has difficulty breathing because of copious secretions or vomiting, or if you are alone and have to leave an unresponsive victim to get help, place the victim in a modified High Arm IN Endangered Spine (HAINES) recovery position.^{9,10} Extend one of the victim's arms above the head and roll the body to the side so the victim's head rests on the extended arm. Bend both legs to stabilize the victim (Class IIb, LOE C).
- If a victim shows evidence of shock, have the victim lie supine. If there is no evidence of trauma or injury, raise the feet about 6 to 12 inches (about 30° to 45°) (Class IIb, LOE C). Do not raise the feet if the movement or the position causes the victim any pain.

The evidence for a benefit to raising the feet is extrapolated from leg raising studies on volume expansion; there are no studies on the effect of leg raising as a first aid maneuver for shock. The results of the volume expansion studies are contradictory with some showing an increase in cardiac output,¹¹⁻¹³ while others show no change in cardiac output or mean arterial pressure¹⁴⁻¹⁸ with leg raising.

Oxygen

There is insufficient evidence to recommend routine use of supplementary oxygen by a first aid provider for victims complaining of chest discomfort^{19,20} or shortness of breath²¹